

## CHAPTER 4

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### SELECTING TARGET OUTCOMES

#### A. INTRODUCTION

As noted earlier, obtaining your outcome report concludes the first phase of OBQI. The second phase, called **outcome enhancement**, addresses the question, "How can patient outcome data be used to improve the care provided by my agency?" During this phase, it is necessary to identify specific areas for follow-up, conduct an investigation to determine causative factors for the outcome of interest, and determine how to follow up on findings through developing and implementing a plan of action. Subsequent outcome reports will allow evaluation of the impacts of the action plan in terms of patient outcomes (did they improve, stay the same, or decline?). Thus, the outcome enhancement phase includes the QI activities of OBQI.

The specific steps in outcome enhancement are:

- selecting specific outcomes from the risk-adjusted or descriptive outcome reports;
- evaluating the care that produced these outcomes in your agency;
- developing a plan of action to improve care (or to reinforce care where outcomes are superior to the reference); and
- implementing and monitoring the plan of action in the agency.

This chapter focuses on the first of these steps—the selection of a small number of outcomes (termed **target outcomes**) for further investigation by agency staff. Later chapters of the manual introduce techniques for investigating specific aspects of care corresponding to the selected outcome(s) and describe how to summarize findings and to develop a plan of action to improve deficient care behaviors or to reinforce excellent care practices.

#### B. SELECTING OUTCOMES FOR FURTHER INVESTIGATION

Outcome reports may contain several outcomes that agency staff strongly desire to investigate further. Looking more closely at a specific outcome will occur in the next outcome enhancement step (termed the process-of-care investigation). It is important to limit the initial outcome enhancement activities to one or two outcomes. This allows sufficient time to conduct a more comprehensive review of the outcomes that have been selected and also to take a more focused approach to quality improvement activities.

Please consider several criteria in making a decision on which outcome(s) to investigate when reviewing outcome reports. The following criteria should be

utilized to select a target outcome for the subsequent investigation of care provision. The criteria are discussed in the order that they should be applied.

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**Criteria for Selecting Target Outcomes for the Process-of-Care Investigation.**

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1. Statistically significant outcome differences
  2. Larger magnitude of the outcome differences
  3. Adequate number of cases
  4. The actual significance levels of the differences
  5. Importance or relevance to your agency's goals
  6. Clinical significance
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1. *Statistically Significant Outcome Differences:* The first criterion that should be applied is the one of statistical significance—is there a statistically significant difference between the agency's performance on a specific outcome and that of the reference group (or prior performance)? Unless statistical significance can be demonstrated for a difference between the current sample of cases and the comparison sample, any “apparent” difference between the groups being compared may be nonexistent. Therefore, it is best to select only outcomes with statistically significant differences between groups for the subsequent investigation of care provision. As noted earlier, we recommend a significance level of  $p \leq .10$  (i.e., statistical significance no higher than the 0.10 level) except under extenuating circumstances as discussed under criterion 4 below. If no statistically significant differences exist, the other criteria for selecting outcomes can be considered. Criterion 4, which deals with the actual significance level, should not be overlooked in such cases. If more than three outcomes show significant differences, additional criteria should be applied to narrow the target outcomes to a maximum number of two or three. On the outcome reports, these statistically significant outcomes are easily detected -- they have single or double asterisks (\* or \*\*) in the “Signif.” column.
2. *Larger Magnitude of Outcome Differences:* Various factors influence the statistical significance of outcome differences. Two of the most influential factors are the actual extent or size of the underlying outcome difference in the two populations being considered (e.g., agency's cases versus a national reference sample of all patients in the United States) and the sample sizes. If sample sizes are quite large, it is possible for a relatively small outcome difference to be statistically significant. Therefore, in addition to statistical significance the actual magnitude of the outcome difference should be examined.

The magnitude of the differences is assessed by reviewing the actual percentage of patients achieving the outcome in both the current and reference groups. For example, an outcome difference of two percentage points between groups in terms of hospitalization rates, although possibly statistically significant if sample sizes are large enough, is not as important as a difference of 10 (or more) percentage points. Similarly, even if both are statistically significant, an outcome difference of three percentage points for the measure of Stabilization in Transferring may be far less important to investigate than a difference of 15 percentage points for Improvement in Transferring. In short, statistical significance should be considered a necessary condition for selecting target outcomes, but by no means is it sufficient by itself. The actual magnitude of the outcome difference should be taken into consideration as well as other criteria such as clinical relevance and importance to the agency.

3. *Adequate Number of Cases:* Also related to the issue of sample size is the fact that an extremely small sample size can result in an artificially large (or small) percentage of patients who achieve (or do not achieve) the outcome. For example, in a sample of 10 eligible cases, a change of only one case will cause a 10% change in the observed outcome rate. For this reason, it is recommended that at least 30 eligible cases be represented in the outcome computation when evaluating potential target outcomes. Remember that the number of cases for a specific outcome is located in the center column of the outcome report, between the name of the specific outcome measure and its associated bar graphs. Aside from the total number of cases needing to be greater than 30, no other specific case numbers are required to consider an outcome as a candidate for further investigation.
4. *The Actual Significance Levels of the Outcome Differences:* Particularly in those instances where outcome reports have no statistically significant differences at the 0.10 level (this can and does happen), be aware that the actual significance level is important. For example, in comparing outcomes for an agency relative to a national reference sample, the difference in Acute Care Hospitalization might have a significance level of 0.52, while the difference in Improvement in Lower Body Dressing is significant at the 0.12 level. Neither of these significance levels is 0.10 or lower, and neither would be asterisked on an outcome report. Nevertheless, the significance level for the outcome of Improvement in Lower Body Dressing is considerably smaller (i.e., closer to the significance level cutoff of 0.10). In this case, it is much more probable that an actual or underlying difference exists for the outcome of Improvement in Lower Body Dressing than for Acute Care Hospitalization. Therefore, it is more logical to select the dressing outcome as a target outcome.

On the other hand, if two outcomes produce significance levels that are nearly the same, other criteria should be taken into consideration in deciding between them as target outcomes (of course, it may be appropriate to select both). It is never recommended to select target outcomes whose differences are significant at levels greater than 0.25; it is simply too probable that there really is no underlying difference between the agency's outcome rate and that of the comparison population in such situations.

5. *Importance or Relevance to Your Agency's Goals:* In view of an agency's overall goals or the specific objectives for the QI program, certain outcomes may assume greater importance than others for further investigation. For example, suppose a particular agency provides a much higher proportion of wound care than most other types of care. For purposes of both patient well-being and marketing, this agency may be seeking to attain excellent outcomes for wound care patients. In this case, the agency QI staff might choose to investigate (and either remedy or reinforce) the care associated with wound outcomes rather than those of functional status outcomes, assuming both types of outcomes yielded statistically significant differences of roughly the same order of magnitude. Alternatively, a new program to involve home health aides in the agency QI process might be under consideration or might have been implemented recently. In this case, agency staff might choose to investigate a functional status outcome as the target outcome because aide care is perceived to affect such outcomes more directly.
6. *Clinical Significance:* Two considerations are important in the context of clinical significance of outcome differences. First, if the outcome difference points to potentially serious clinical problems in quality of care, such outcomes have important clinical ramifications for immediate remediation. Second, it may be that the clinical focus is on caring for certain types of patients because of payer mix, the community served, or the nature of referrals. Depending on the case mix, the agency can focus on specific outcomes perceived to be important for dominant patient types. For example, if an agency has a high proportion of orthopedic patients, it may wish to investigate the outcome of Improvement in Ambulation. If it has a high proportion of patients with chronic impairment in personal care activities, it might choose the outcome of Stabilization in Bathing.

Apply the criteria for selecting target outcome(s) in the order presented above. Statistical significance is a necessary condition for selecting target outcomes. Only in those instances where no outcome differences are statistically significant should an agency pass directly to other criteria in choosing its target outcomes for further investigation. Even in this case, the agency should always examine significance levels and attempt to select as target outcomes those with

significance levels that are smaller (i.e., closer to 0.10). In considering outcomes for which differences are statistically significant, the actual magnitudes of the outcome differences are important. Focus on large differences rather than small ones. Be sure that at least 30 cases are included in the outcome computation for a potential target outcome. If it appears that a serious problem exists in terms of a particular outcome being markedly inferior, this outcome clearly should be chosen as a target outcome—assuming the difference is statistically significant. The other criteria that pertain to relevance to agency's goals and clinical significance should be taken into consideration in the context of statistical significance and magnitude of the outcome differences. That is, when two or more outcomes are statistically significant and the magnitudes of the differences are roughly comparable, these additional criteria can be useful.

Although the imperative is not as strong as exists when outcomes are unfavorable to the reference, you may also consider as a target outcome one that reflects substantially superior performance (again, where the difference is statistically significant). In this case, agency staff will be interested in reinforcing aspects of care provision that have led to the exemplary outcome results. It has been observed that agencies often have more difficulty reinforcing superior outcomes than they do in improving less favorable outcomes.

When an agency receives its second outcome report, its outcomes will be compared to reference outcomes and to its own patients from the previous time period. While comparing outcomes to an external reference group will continue to be important, comparing agency's outcomes for the current time period to a prior time period will actually be more useful for quality improvement purposes. These comparisons enable agency staff to track outcomes over time, allowing evaluation of the impact of performance improvement activities or the influence of external factors in terms of patient outcomes. For instance, one agency measuring outcomes underwent a significant administrative restructuring, including the elimination of the QI Coordinator position, between outcome reports. Patient outcomes were significantly poorer after restructuring. Thus, the agency decided to reinstate the QI Coordinator position in order to maintain a strong CQI program. Ongoing measurement of outcome data allows the agency to evaluate their administrative decisions.

### **C. SELECTING TARGET OUTCOME(S) FROM THE DESCRIPTIVE OUTCOME REPORT**

You may wonder whether to select target outcome(s) from the descriptive or the risk-adjusted sections of the outcome report. You may select your target outcomes from either section, as long as you remember to follow the criteria outlined earlier. Because risk adjustment has not been done for the 12 outcomes

included in the descriptive report, some additional care will be required when selecting cases for further investigation (which will be addressed in Chapter 5). However, there is no reason to exclude these outcomes from consideration as potential target outcomes. For example, using the sample Faircare outcome reports, both Improvement in Light Meal Preparation (from the risk-adjusted section of the outcome report) and Any Emergent Care (from the descriptive section of the report) might be selected as target outcomes.

#### **D. USING THE CASE MIX REPORT TO ASSIST IN TARGET OUTCOME SELECTION**

As described in Chapter 2, a case mix report is a numeric table that indicates how the case mix profile of one home health agency compares to a national reference sample (and to the case mix profile of the agency itself at an earlier time point). Case mix refers to the characteristics of the patients for whom a home health agency provides care. The case mix report provides a picture (or snapshot) of what a home health agency's patients look like at the beginning of a care episode. (The beginning of a care episode is marked by either a start of care or a resumption of care following an inpatient stay.) At the present time, the report is a picture of only Medicare or Medicaid patients since these are the only patients for whom agencies are transmitting OASIS data.

The case mix report can assist an agency to prioritize its potential target outcomes for consideration. If an agency, for example, has a high percentage of patients with musculoskeletal diagnoses at start or resumption of care, agency staff might be more inclined to choose a functional outcome than some physiologic outcomes. In other words, the case mix report assists in determining the clinical significance of specific outcomes.

Additional information on the case mix report, including data sources for some of the items, can be found in Appendix A of this manual. Agency case mix changes from one year to the next are considered in risk adjusting outcomes between the two years. Because the patient episodes included in the case mix report for the adverse event outcomes are defined slightly differently than are those for the risk-adjusted and descriptive outcome report, your agency should access the corresponding case mix report whenever reviewing and interpreting its outcome report.

#### **E. WHO IN THE AGENCY SHOULD SELECT THE TARGET OUTCOMES?**

When an agency is preparing to receive its outcome report, it often questions which agency staff members should be involved in the selection of target outcomes. Because the decision regarding target outcomes is likely to impact

other agency decisions and resource allocation over the next several months, many agencies choose to involve their management group in the selection process. Agencies often also desire the participation of their designated quality improvement staff members. If the agency's management group is large, however, assigning the task to the entire group can be unwieldy. In this case, designating five or six key individuals to be part of this group allows the review and analysis of the reports to proceed more effectively. This subgroup then can make recommendations to the entire management team for ratification. In a smaller agency, the entire management team may comprise this group.

Once the target outcomes are selected, agencies often share this information with the full staff, explaining the rationale in terms of the selection criteria. Some agencies use this opportunity to request endorsement of the target outcome selection from the staff. This serves to build staff buy-in to the outcome enhancement process from the start. After the target outcomes are chosen, some agencies request volunteers from the entire staff to participate in the subsequent investigation of care that produced the outcomes.

Note that two presentations to staff regarding the outcome report have been mentioned thus far—a presentation of the outcome report and a presentation of the target outcome(s). Agencies may choose to do these presentations together rather than as two separate events. Additional discussion of group membership for target outcome selection is found in Chapter 8 of this manual; more information on training of agency staff in the outcome report and target outcome selection is included in Chapter 9.

## **F. TIMELINE FOR SELECTING TARGET OUTCOMES**

As the first step in the outcome enhancement process, the selection of target outcomes must occur in a timely manner before any other activities can begin. Agencies that have successfully enhanced their outcomes on the next report have demonstrated their ability to move through the steps of the process without undue delay. It is important to recognize that care delivery cannot be modified until after the suggested changes are identified, meaning that the outcome enhancement activities are complete. Only patients whose care episodes occur after these activities are finished are likely to show any difference in outcomes. The longer it takes to complete the outcome enhancement activities, the less likely it is that a change in outcomes will appear in the next outcome report.

When an agency is ready to receive its risk-adjusted and descriptive outcome and case mix reports, and the appropriate group has been identified to select the target outcomes, the selection activity can begin very soon after the reports are available.

An effective time frame to use as a goal is for the target outcome(s) to be selected within two weeks of the reports' availability. To meet this expectation, the target outcome selection group must know how to interpret the reports and have an understanding of the criteria to be utilized in selecting the outcome(s) for further investigation. This presupposes that training has occurred for this group; the content of such training is discussed further in Chapter 9.

## **G. SUMMARY**

Choosing an appropriate target outcome is a key first step toward enhancing outcomes for patients. Appropriate choices should be made to increase staff buy-in and participation in the outcome enhancement process, in addition to maximizing the ability to successfully enhance the patients' outcomes. Following the criteria for selecting target outcomes will assist agency staff in the latter, while keeping them informed of the steps will provide impetus for the former. Completing this step in a timely manner allows an agency to move optimally to the next steps in the outcome enhancement process.



### **FREQUENTLY ASKED QUESTIONS**

- 1. *How can we prepare our management personnel and staff members for understanding outcome reports and selecting target outcomes? It really seems overwhelming.***

*Don't try to do it all at once. In Attachment C at the end of this chapter, you will find suggestions for how to approach the selection of target outcomes. Additionally, Chapters 8 and 9 have much more information on assembling effective teams and training your staff. Begin by laying good, basic groundwork such as explaining the purpose of OBQI and the intent of the requirements for OASIS data collection and transmission. Much of that information can be found in Chapter 2 of this manual; Chapter 9 contains guidelines for training agency personnel that your agency may find useful. Key management personnel may need a more in-depth education than other staff. Creative agencies have found many ways to communicate the concepts to their staffs. Experience with demonstration agencies showed that clinicians are far more receptive when they understand the background, research, concepts, and regulatory mandates that have contributed to the development of the OASIS data set and OBQI. Once they begin to understand the background, you can proceed to introduce the concepts of outcome reporting, interpretation, and selection of target outcomes.*

- 2. *I can understand why it is best to act very quickly on the outcome report, but with everything else we have to do, it seems impossible to get everyone educated and the target outcomes selected in only two weeks. Do you have any suggestions?***

*The real key to being able to implement outcome enhancement quickly and efficiently is adequate preparation **BEFORE** the outcome report is available to your agency. Consult Attachment C of this chapter and Chapters 8 and 9 of this manual and begin to plan immediately. Make it your goal to have a core group of staff identified and educated prior to accessing the reports and then proceed to do as much staff training as possible before you have the reports.*



## ATTACHMENT A TO CHAPTER 4

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### EXERCISES IN SELECTING TARGET OUTCOMES

#### EXERCISE 1: Selecting Target Outcomes

Directions: Refer to the illustrative *All Patients' Outcome Report* for Dependable Agency (p. 4.13-4.17). Review the report. Taking into consideration the target outcome selection criteria, select a target outcome and answer the following questions.

1. What outcome would you choose as a target outcome? \_\_\_\_\_
2. Why did you choose this outcome? **(Check all that apply.)**
  - ☐ a) This outcome had a statistically significant difference from the reference sample
  - ☐ b) This outcome had a large magnitude of difference from the reference sample
  - ☐ c) I considered the number of cases in the samples
  - ☐ d) This outcome had a value closer to 0.10 and less than 0.25, even if it wasn't statistically significant
  - ☐ e) This outcome is relevant to Dependable Agency's goals
  - ☐ f) This outcome is clinically significant
3. If you chose **a**, what was the significance level? \_\_\_\_\_
4. If you chose **b**, what was the magnitude of difference? \_\_\_\_\_
5. If you chose **c**, how does this relate to your selection? \_\_\_\_\_
6. If you chose **d**, what was the probability that the difference was due to chance?  
\_\_\_\_\_
7. If you chose **e**, what were your reasons? \_\_\_\_\_
8. If you chose **f**, what were your reasons? \_\_\_\_\_
9. How many target outcomes would you have liked to select? \_\_\_\_\_

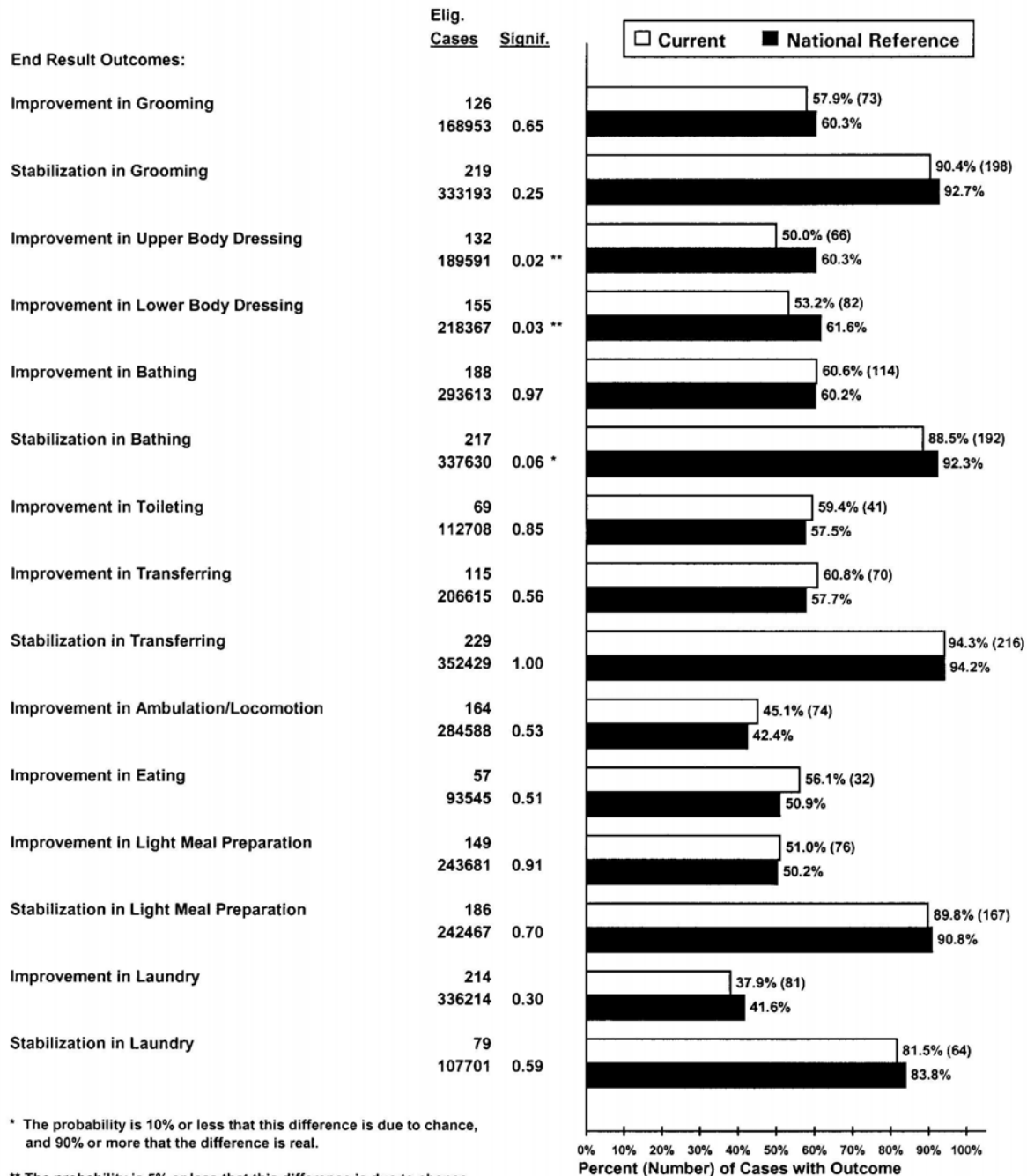
***These exercises can be used as a "warm-up" activity for the Target Outcome Selection Team. If team members find it difficult, refer back to Chapters 3 and 4 before proceeding to review your agency's outcome report.***



Agency Name: DEPENDABLE AGENCY  
 Agency ID: HHA05  
 Location: ANYTOWN, USA  
 Medicare Number: 007005  
 Medicaid Number: 999888005

Requested Current Period: 01/2001 - 12/2001  
 Actual Current Period: 01/2001 - 12/2001  
 Number of Cases in Current Period: 241  
 Number of Cases in Natl Ref Sample: 357978  
 Date Report Printed: 02/28/2002

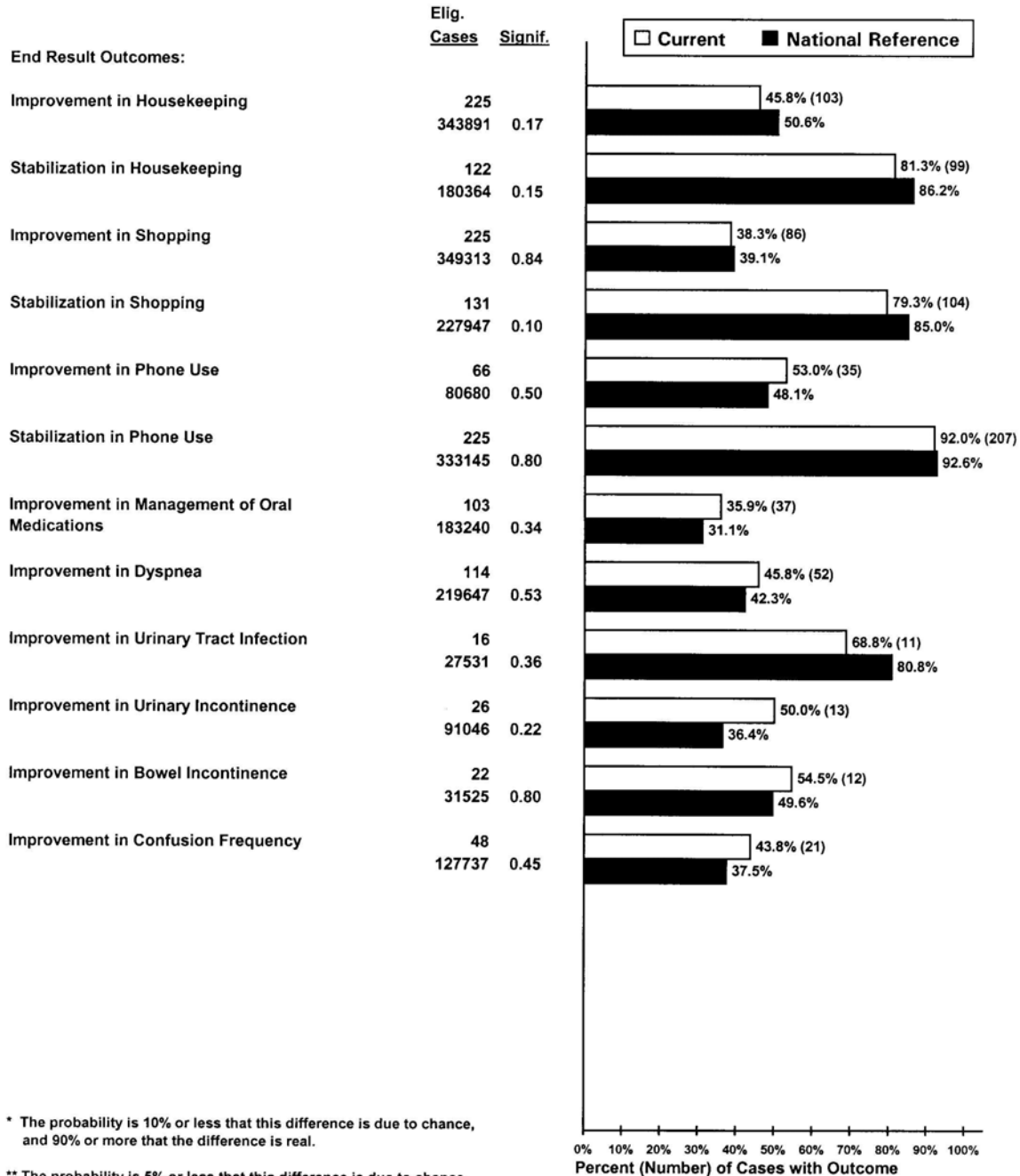
### All Patients' Risk Adjusted Outcome Report



Agency Name: DEPENDABLE AGENCY  
 Agency ID: HHA05  
 Location: ANYTOWN, USA  
 Medicare Number: 007005  
 Medicaid Number: 999888005

Requested Current Period: 01/2001 - 12/2001  
 Actual Current Period: 01/2001 - 12/2001  
 Number of Cases in Current Period: 241  
 Number of Cases in Natl Ref Sample: 357978  
 Date Report Printed: 02/28/2002

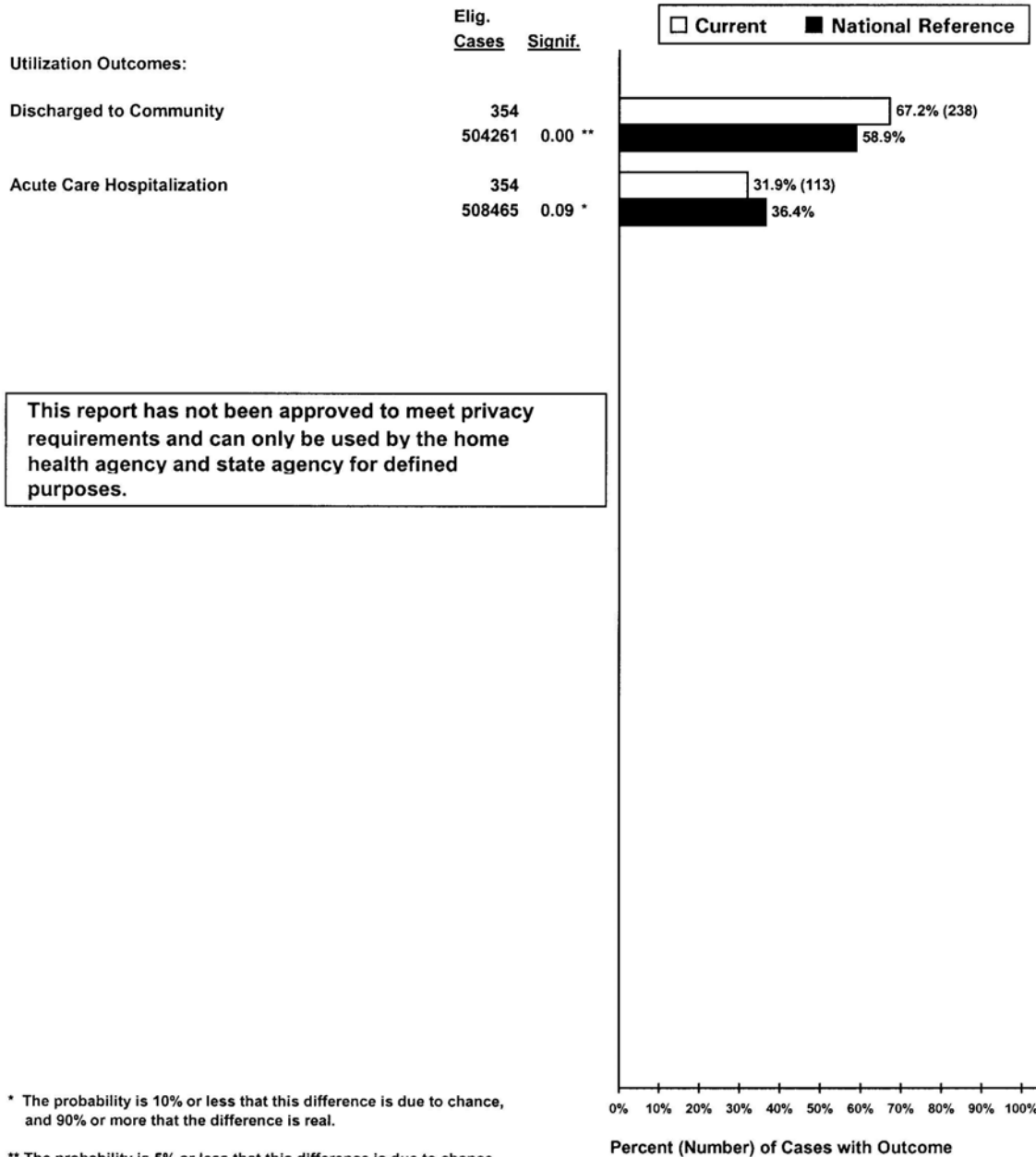
### All Patients' Risk Adjusted Outcome Report



Agency Name: DEPENDABLE AGENCY  
 Agency ID: HHA05  
 Location: ANYTOWN, USA  
 Medicare Number: 007005  
 Medicaid Number: 999888005

Requested Current Period: 01/2001 - 12/2001  
 Actual Current Period: 01/2001 - 12/2001  
 Number of Cases in Current Period: 354  
 Number of Cases in Natl Ref Sample: 508465  
 Date Report Printed: 02/28/2002

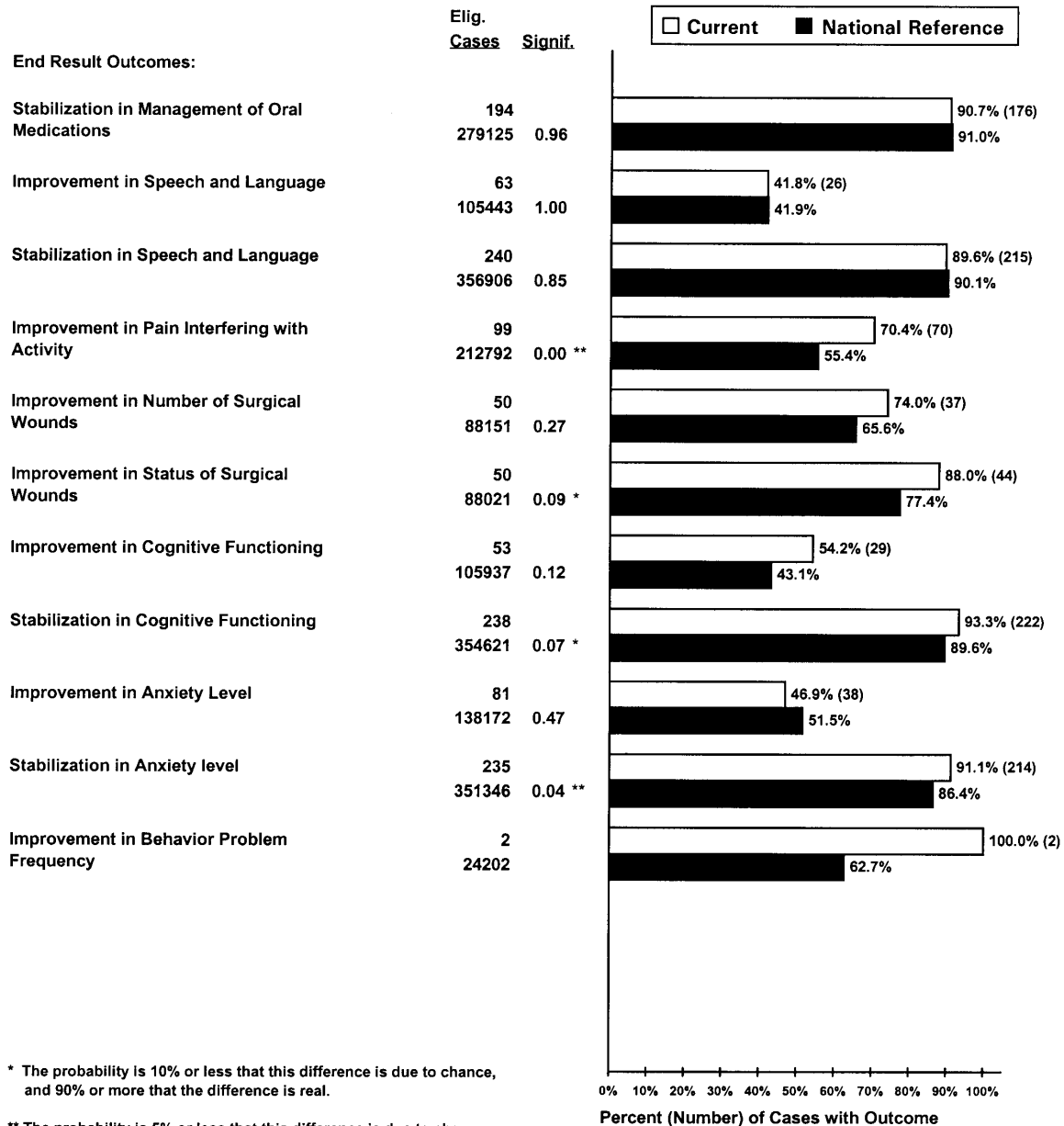
### All Patients' Risk Adjusted Outcome Report



Agency Name: DEPENDABLE AGENCY  
 Agency ID: HHA05  
 Location: ANYTOWN, USA  
 Medicare Number: 007005  
 Medicaid Number: 999888005

Requested Current Period: 01/2001 - 12/2001  
 Actual Current Period: 01/2001 - 12/2001  
 Number of Cases in Current Period: 241  
 Number of Cases in Natl Ref Sample: 357978  
 Date Report Printed: 02/28/2002

### All Patients' Descriptive Outcome Report



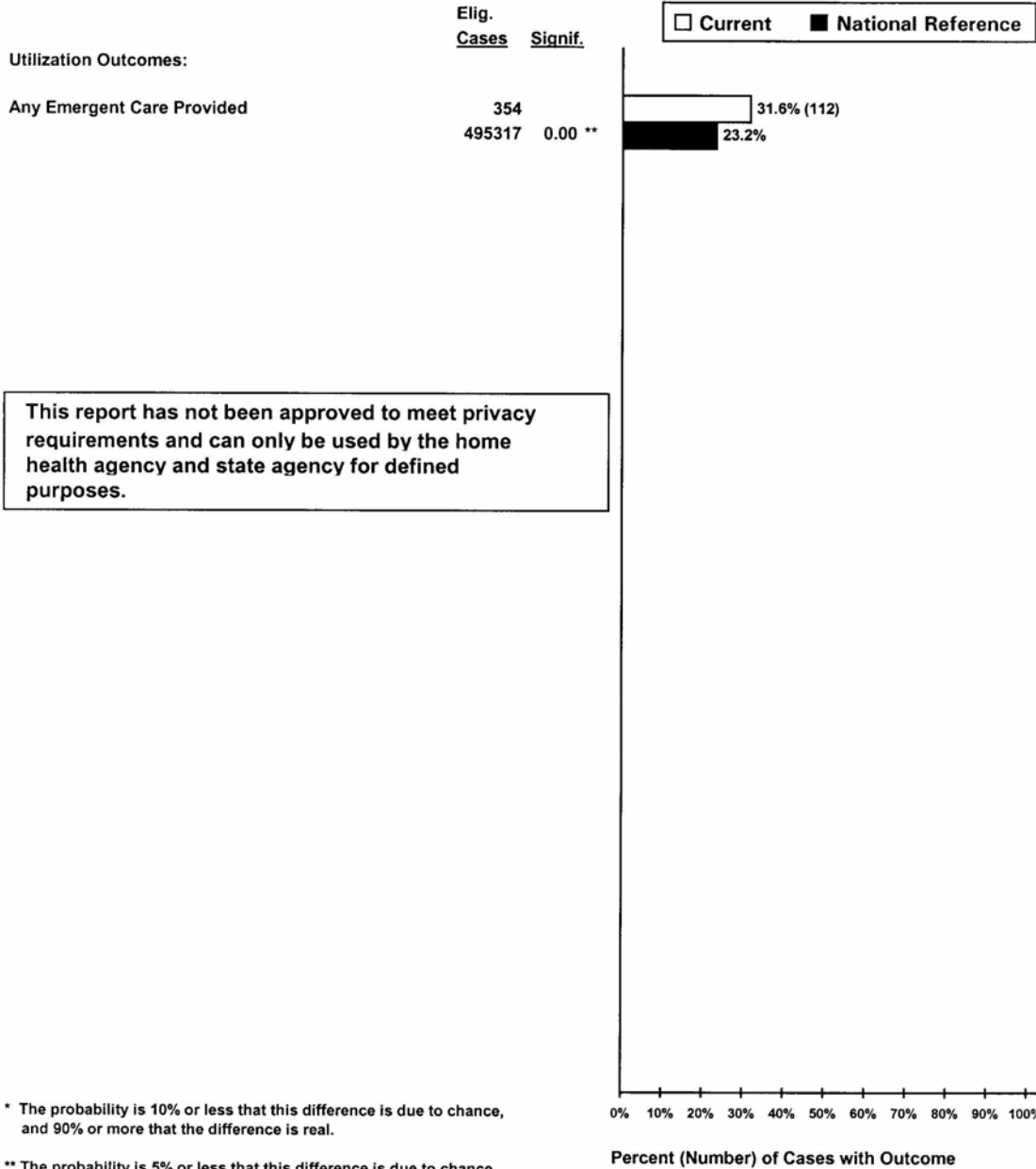
Note: The reference value is not risk adjusted.



Agency Name: DEPENDABLE AGENCY  
 Agency ID: HHA05  
 Location: ANYTOWN, USA  
 Medicare Number: 007005  
 Medicaid Number: 999888005

Requested Current Period: 01/2001 - 12/2001  
 Actual Current Period: 01/2001 - 12/2001  
 Number of Cases in Current Period: 354  
 Number of Cases in Natl Ref Sample: 508465  
 Date Report Printed: 02/28/2002

### All Patients' Descriptive Outcome Report



Note: The reference value is not risk adjusted.



## EXERCISE 2: Selecting Target Outcomes Based on Agency Characteristics

In this exercise, you will practice adding context to your target outcome selection process. Using the same outcome report results, you will apply descriptions of two different agencies to determine the selection of target outcomes.

Directions: Refer to the illustrative *All Patients' Outcome Report* for Bettercare Agency (pp. 4.21-4.25). Review the report. Using the description for Agency A and the target outcome selection criteria, select a target outcome and answer the following questions.

Agency A Description: This mid-sized VNA is located in a small city and has about 400 admissions per year. The agency was recently purchased by a larger agency affiliated with a hospital well known for its sophisticated rehabilitation center. Within the next two months, the agency expects the top management to change, but anticipates minimal changes to the current supervisory and clinical staff. The overall agency morale remains fairly high despite the expected changes. One of the benefits of the new affiliation is seen as providing increased access to therapy staff (the agency has been recruiting for an OT for several months without success).

1. What outcome would you choose as a target outcome? \_\_\_\_\_
2. Why did you choose this outcome? **(Check all that apply.)**
  - ☐ a) This outcome had a statistically significant difference from the reference sample
  - ☐ b) This outcome had a large magnitude of difference from the reference sample
  - ☐ c) I considered the number of cases in the samples
  - ☐ d) This outcome had a value closer to 0.10 and less than 0.25, even if it wasn't statistically significant
  - ☐ e) This outcome is relevant to Agency A's goals
  - ☐ f) This outcome is clinically significant
3. If you chose **a**, what was the significance level? \_\_\_\_\_
4. If you chose **b**, what was the magnitude of difference? \_\_\_\_\_
5. If you chose **c**, how does this relate to your selections? \_\_\_\_\_
6. If you chose **d**, what was the probability that the difference was due to chance?  
\_\_\_\_\_
7. If you chose **e**, what were your reasons? \_\_\_\_\_
8. If you chose **f**, what were your reasons? \_\_\_\_\_
9. How many target outcomes would you have liked to select? \_\_\_\_\_

## EXERCISE 2: Selecting Target Outcomes Based on Agency Characteristics (Cont'd)

Directions: Using the same outcome report (for Bettercare Agency), the target outcome selection criteria, and the description for Agency B, select a target outcome and answer the following questions.

Agency B Description: This agency is a large, for-profit, urban agency with over 1500 admissions per year. An important HMO contract must be renewed within the next six months. Without this contract, a significant drop of cardiac referrals is anticipated. The agency has just completed a clinical path for post-CABG patients, and the HMO is very pleased with this. Clinical paths for CHF, MI, and angina must be drafted and completed within the next three months.

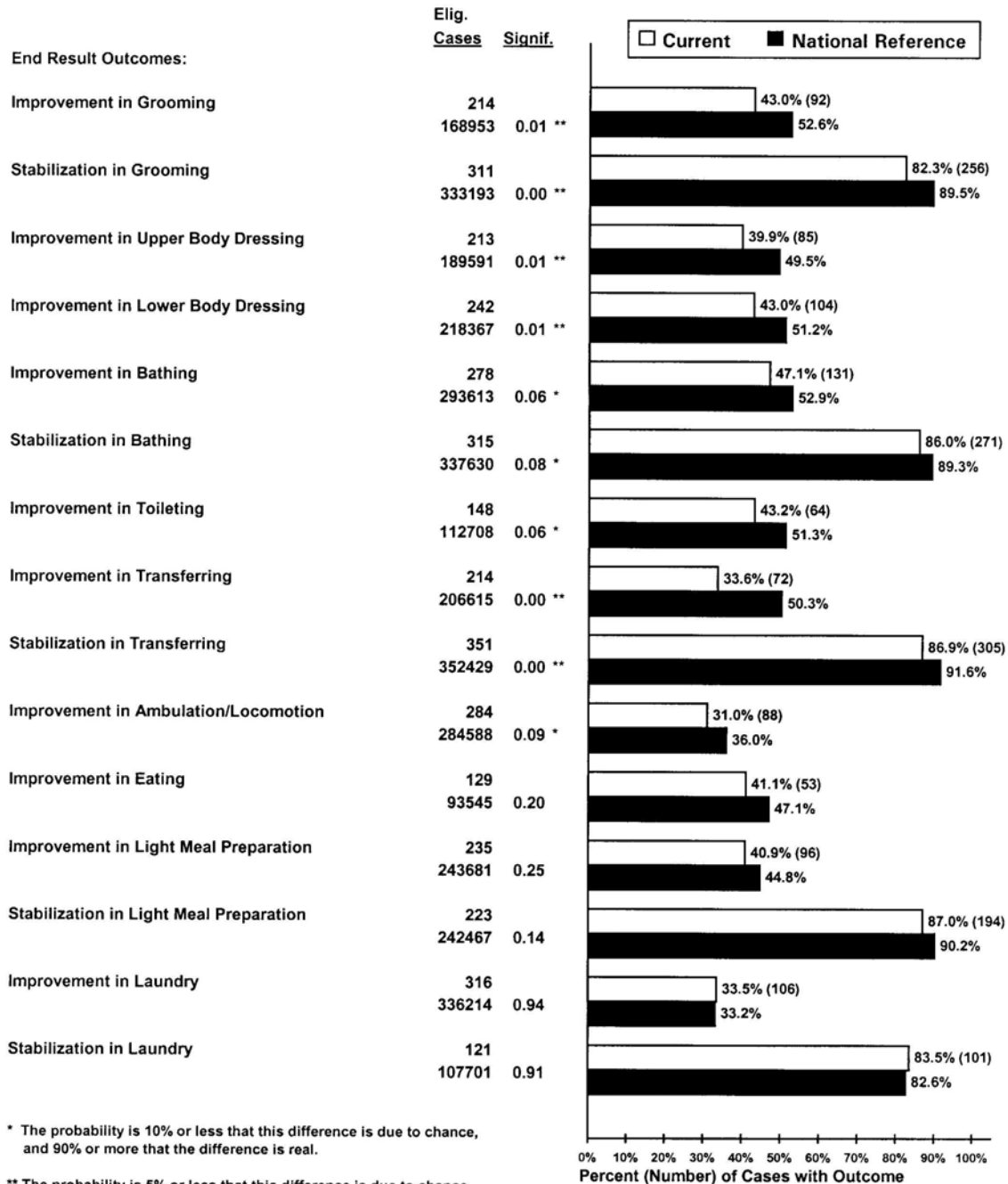
1. What outcome would you choose as a target outcome? \_\_\_\_\_
2. Why did you choose this outcome? **(Check all that apply.)**
  - ☐ a) This outcome had a statistically significant difference from the reference sample
  - ☐ b) This outcome had a large magnitude of difference from the reference sample
  - ☐ c) I considered the number of cases in the samples
  - ☐ d) This outcome had a value closer to 0.10 and less than 0.25, even if it wasn't statistically significant
  - ☐ e) This outcome is relevant to Agency B's goals
  - ☐ f) This outcome is clinically significant
3. If you chose **a**, what was the significance level? \_\_\_\_\_
4. If you chose **b**, what was the magnitude of difference? \_\_\_\_\_
5. If you chose **c**, how does this relate to your selections? \_\_\_\_\_
6. If you chose **d**, what was the probability that the difference was due to chance?  
\_\_\_\_\_
7. If you chose **e**, what were your reasons? \_\_\_\_\_
8. If you chose **f**, what were your reasons? \_\_\_\_\_
9. How many target outcomes would you have liked to select? \_\_\_\_\_
10. Did you select the same target outcome for both parts of this exercise? Why or why not? \_\_\_\_\_

***This exercise can be used as a "warm-up" activity for the Target Outcome Selection Team. If team members find it difficult, refer back to Chapters 3 and 4 before proceeding to review your agency's outcome report.***

Agency Name: BETTERCARE AGENCY  
 Agency ID: HHA02  
 Location: ANYTOWN, USA  
 Medicare Number: 007002  
 Medicaid Number: 999888002

Requested Current Period: 01/2001 - 12/2001  
 Actual Current Period: 01/2001 - 12/2001  
 Number of Cases in Current Period: 364  
 Number of Cases in Natl Ref Sample: 357978  
 Date Report Printed: 02/28/2002

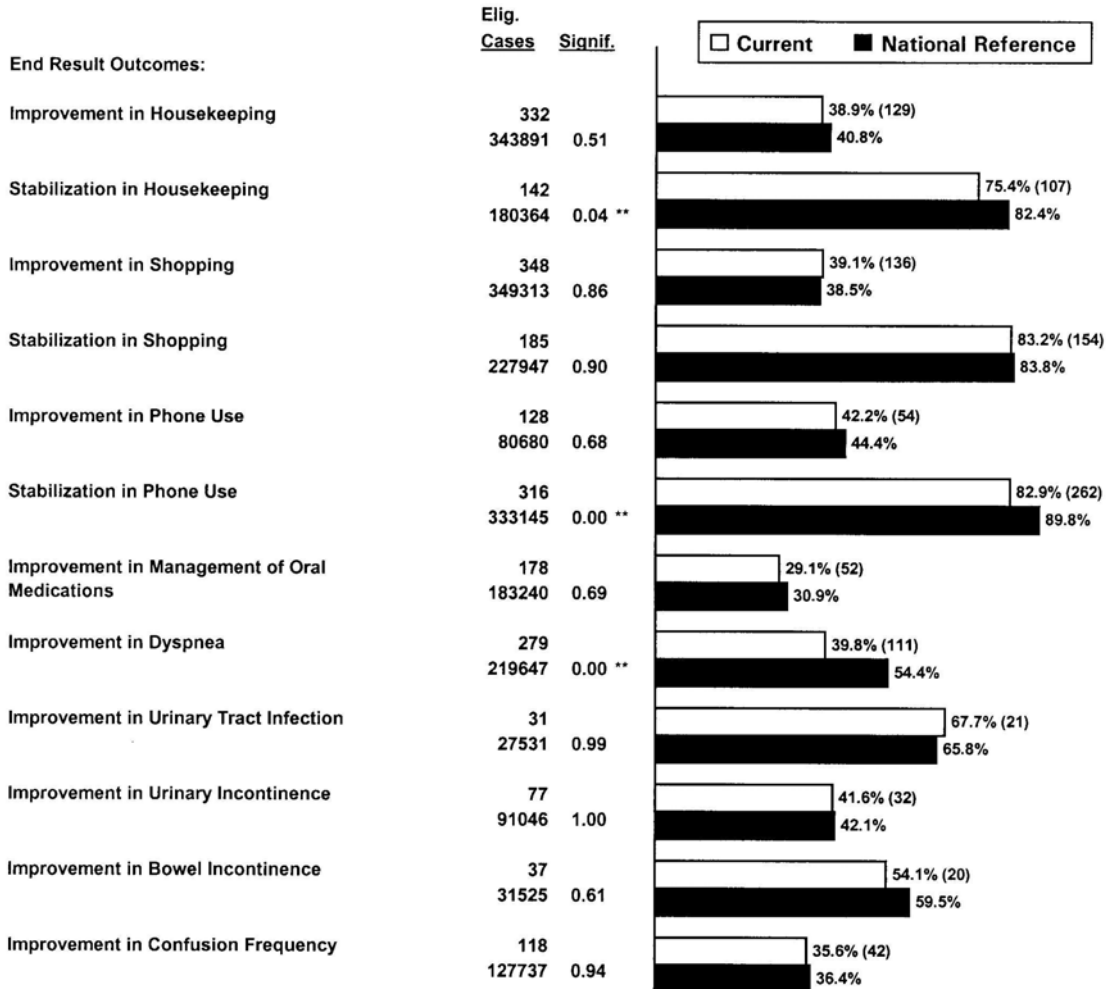
### All Patients' Risk Adjusted Outcome Report



Agency Name: BETTERCARE AGENCY  
 Agency ID: HHA02  
 Location: ANYTOWN, USA  
 Medicare Number: 007002  
 Medicaid Number: 999888002

Requested Current Period: 01/2001 - 12/2001  
 Actual Current Period: 01/2001 - 12/2001  
 Number of Cases in Current Period: 364  
 Number of Cases in Natl Ref Sample: 357978  
 Date Report Printed: 02/28/2002

### All Patients' Risk Adjusted Outcome Report



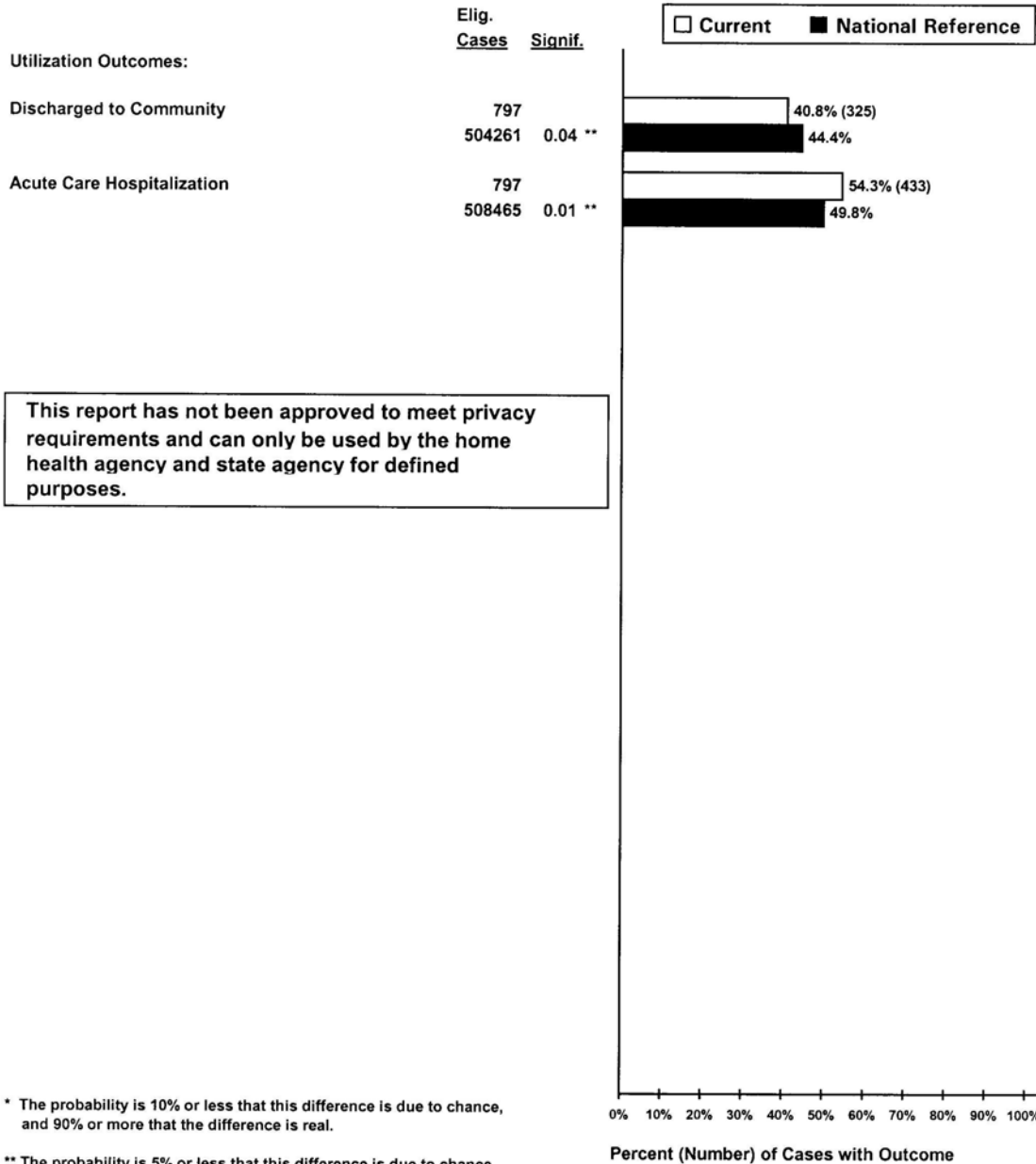
\* The probability is 10% or less that this difference is due to chance, and 90% or more that the difference is real.

\*\* The probability is 5% or less that this difference is due to chance, and 95% or more that the difference is real.

Agency Name: BETTERCARE AGENCY  
 Agency ID: HHA02  
 Location: ANYTOWN, USA  
 Medicare Number: 007002  
 Medicaid Number: 999888002

Requested Current Period: 01/2001 - 12/2001  
 Actual Current Period: 01/2001 - 12/2001  
 Number of Cases in Current Period: 797  
 Number of Cases in Natl Ref Sample: 508465  
 Date Report Printed: 02/28/2002

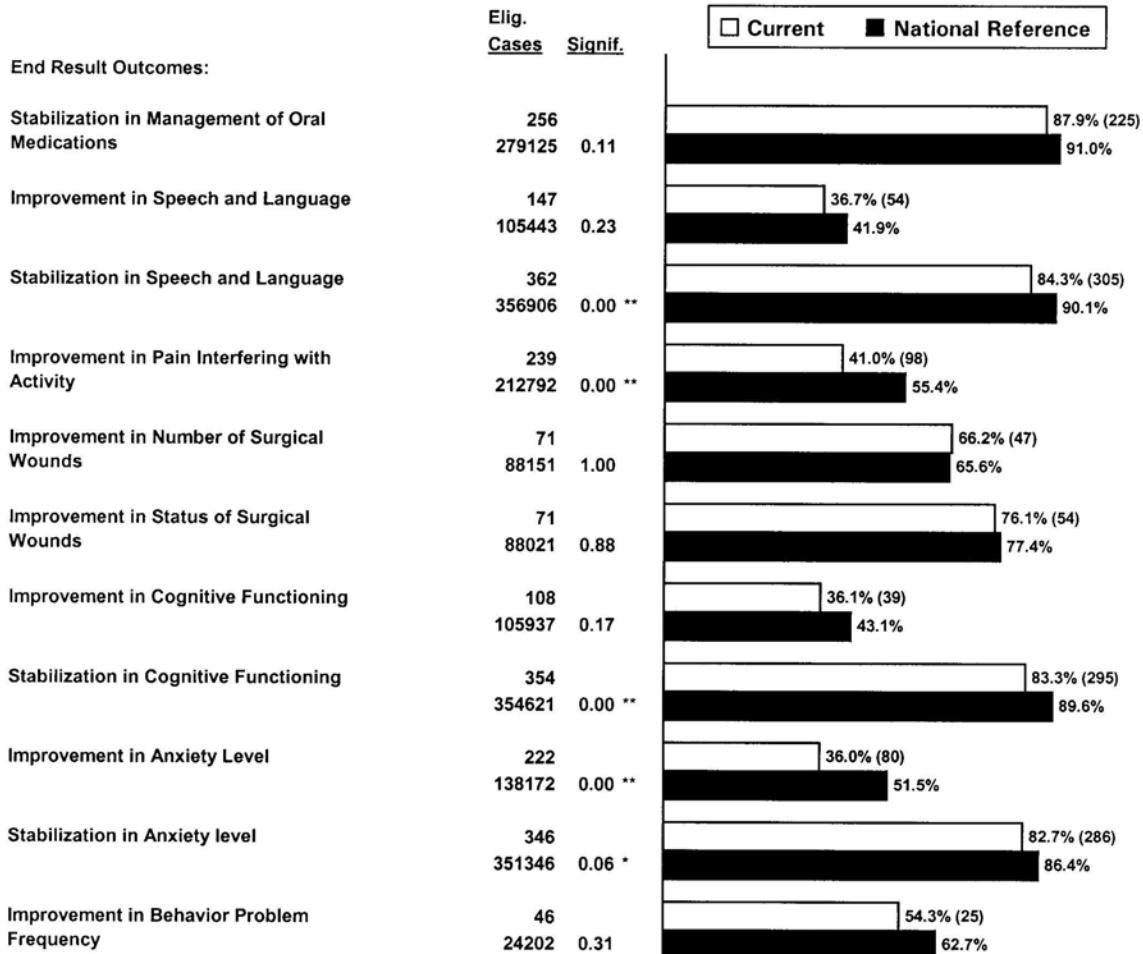
### All Patients' Risk Adjusted Outcome Report



Agency Name: BETTERCARE AGENCY  
 Agency ID: HHA02  
 Location: ANYTOWN, USA  
 Medicare Number: 007002  
 Medicaid Number: 999888002

Requested Current Period: 01/2001 - 12/2001  
 Actual Current Period: 01/2001 - 12/2001  
 Number of Cases in Current Period: 364  
 Number of Cases in Natl Ref Sample: 357978  
 Date Report Printed: 02/28/2002

### All Patients' Descriptive Outcome Report



\* The probability is 10% or less that this difference is due to chance, and 90% or more that the difference is real.

\*\* The probability is 5% or less that this difference is due to chance, and 95% or more that the difference is real.

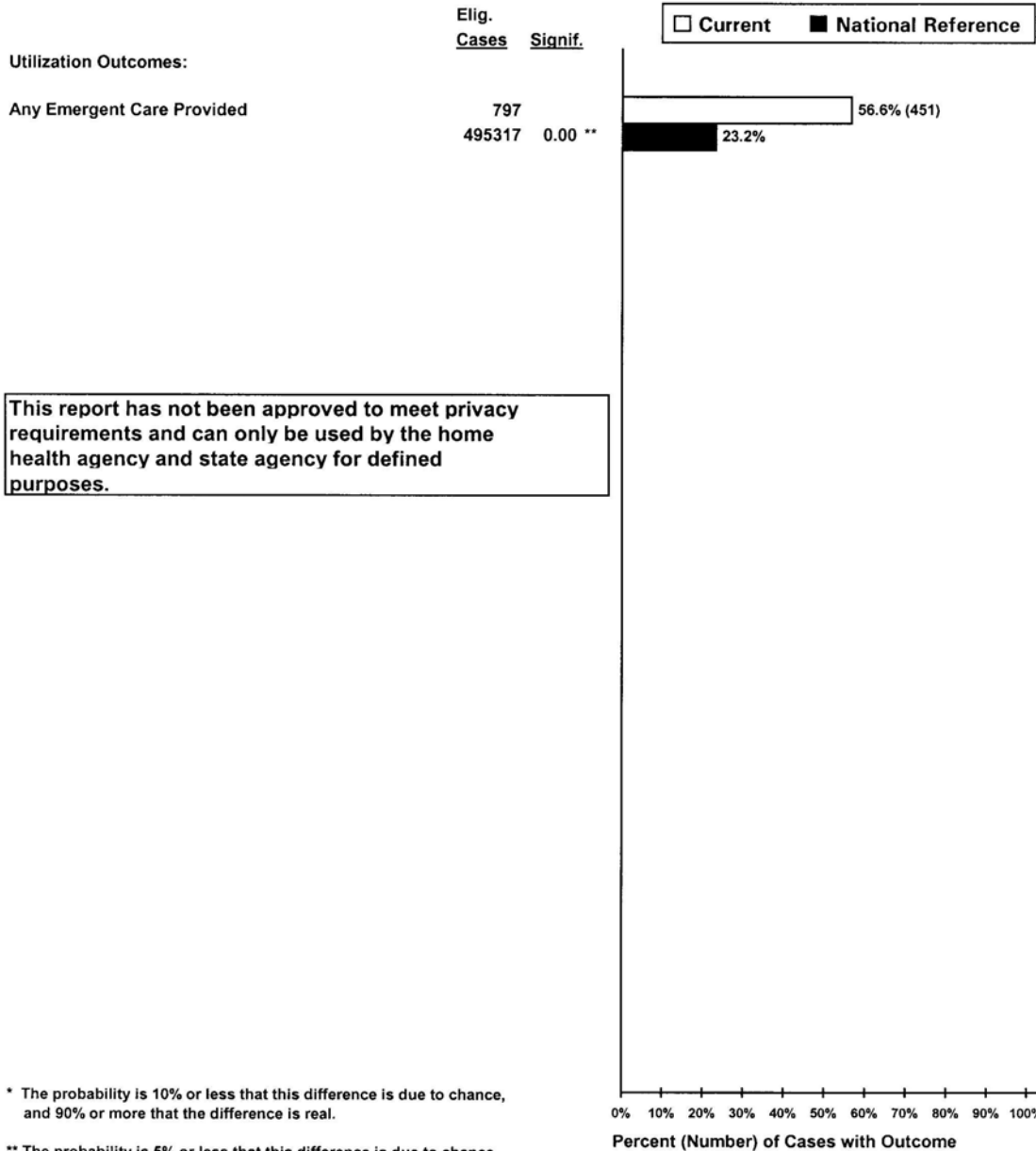
Note: The reference value is not risk adjusted.



Agency Name: BETTERCARE AGENCY  
 Agency ID: HHA02  
 Location: ANYTOWN, USA  
 Medicare Number: 007002  
 Medicaid Number: 999888002

Requested Current Period: 01/2001 - 12/2001  
 Actual Current Period: 01/2001 - 12/2001  
 Number of Cases in Current Period: 797  
 Number of Cases in Natl Ref Sample: 508465  
 Date Report Printed: 02/28/2002

### All Patients' Descriptive Outcome Report





## ATTACHMENT B TO CHAPTER 4

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### WORKSHEET: SELECTING TARGET OUTCOMES

#### WORKSHEET: Selecting Target Outcomes

**Directions:** After thoroughly reviewing your agency's outcome report, determine which potential target outcome(s) you would choose for outcome enhancement activities. Mark those criteria below that you used to make this decision. Use this worksheet as you participate in team discussions to reach consensus about which target outcome(s) are chosen for the agency.

Target Outcome: \_\_\_\_\_

\_\_\_\_\_ Statistically significant comparison to the reference sample at \_\_\_\_\_ value (0.02, 0.10, etc.)

\_\_\_\_\_ Has a substantial magnitude of difference in values (between current and reference values)

The magnitude of difference is \_\_\_\_\_ percentage points

\_\_\_\_\_ At least 30 cases reported

\_\_\_\_\_ Does not have statistically significant comparison to the reference but does have a comparison with a significance level approaching a value of 0.10 and less than a value of 0.25

The value is \_\_\_\_\_

#### OTHER CRITERIA

**Caution:** Do not consider these exclusively without first considering statistical significance and number of cases (greater than 30).

The outcome measure above:

\_\_\_\_\_ Has relevance to an agency goal

Please state \_\_\_\_\_

\_\_\_\_\_ Has relevance to a current QI/PI activity

Please state \_\_\_\_\_

**WORKSHEET: Selecting Target Outcomes (Cont'd)**

\_\_\_\_\_ Has relevance to an agency program

Please state \_\_\_\_\_

\_\_\_\_\_ Has relevance to an aspect of care or service

Please state \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_

***This worksheet (one per target outcome) is designed for use by members of the Target Outcome Selection Team and can be retained by the team leader for documentation of team activities.***

## **ATTACHMENT C TO CHAPTER 4**

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### **AGENCY STRATEGIES TO FACILITATE SELECTING TARGET OUTCOMES**

1. The group that will be responsible for selecting the target outcomes should be trained in the process before the agency accesses its outcome report. This group may be the same group that initially reviews the outcome report (as discussed in Chapter 3), or it may be a subset of the review group.
2. The training for target outcome selection should include practice using the six criteria (for selecting target outcomes) with sample outcome reports. This training will help prepare the selection group for the emotional responses they (and staff) are likely to experience when they review their own agency's outcome report.
3. Practice enables the group to move efficiently through the target outcome selection process once the "real" outcome report is obtained. This facilitates timely completion of the remainder of the activities necessary to expeditiously develop and implement the plan of action (described in following chapters of this manual).
4. The agency should plan its target outcome selection process to occur in a timely manner, preferably within a specific interval (e.g., within 1 week of receiving the outcome report).
5. Specific agency priorities (e.g., accreditation initiatives, agency-wide programs, facility- or corporate-based initiatives, etc.) should be made clear to this group before beginning the target outcome selection process. For this reason, it is important to include some members of the management team in this selection group.
6. For the most success in outcome enhancement, specific agency priorities should not rank higher in priority (or replace) the criteria for selecting target outcomes. That is, selecting target outcomes that are statistically significant, are based on a large number of cases (30 or more), and have the greatest magnitude of difference from the reference (or the prior year) should be the first criteria applied. After these priority criteria are met, the agency should consider its specific priorities to assist in making the final selection of target outcomes.
7. If the group is well prepared for the selection process, each member can review the outcome reports individually and identify potential target outcome(s) to pursue. Meeting time can then be used to reach consensus on specifying target outcomes rather than to conduct the entire review process.

8. The selection group should also allow time during their meeting to plan the additional outcome enhancement activities, particularly aspects related to personnel and timing. These activities are detailed in the remaining chapters of this manual.
9. Agencies sometimes attempt to select one (overall) target outcome that they perceive will also impact other outcomes. For example: an agency might select Improvement in Ambulation/Locomotion as the target outcome because they feel it will likely influence Improvement in Dyspnea and Acute Care Hospitalization. Such rationale is incorrect and should be avoided. Each outcome is computed separately using its own unique risk factors. A target outcome should be chosen on its own merits, not because it is felt to be one where success in impacting one outcome will guarantee success in impacting others. Agencies that have tried this method have been disappointed in the results.
10. "Sister" agencies (with separate provider numbers) in a corporate environment are often pressured to combine their outcome enhancement efforts by selecting common target outcomes and developing plans of action that will be implemented in the agencies. This is most often unsuccessful, and a close review of the separate agencies' case mix and outcome reports will often provide the reasons why. Each agency typically has its unique case mix and outcome reports, staff, and culture, even within the same corporation. It is extremely unusual to find a common outcome for two agencies that meet the most important criteria. Beyond selecting target outcomes, other outcome enhancement activities require identifying the specific aspects of care provision that produced the outcomes and then addressing those aspects very directly. It is unlikely that even two somewhat similar agencies would find exactly the same kind of care provision problems existing in their agencies.
11. Once the target outcome selection process is concluded, agency staff should be informed of the selection(s) and the rationale. Some agencies ask for staff input at this point, even requesting staff to ratify the selection. This can increase staff buy-in to the process from the beginning of the outcome enhancement activities. Staff members are better prepared to provide such input if they have been given at least a gradual orientation to the outcome report and the OBQI process, which could be done long before the outcome report is accessed.